



TIME WARNER TELECOM

CONNECTING YOUR BUSINESS TO MORE BUSINESS

10475 Park Meadows Drive
Littleton, CO 80124

April 21, 2008

Re: Time Warner Telecom – Certificates of Insurance

Enclosed please find Time Warner Telecom Inc.'s Certificate of Insurance, reflecting the renewal of insurance coverages effective May 1, 2008. These coverages will remain in effect until May 1, 2009. However, effective July 1, 2008, as you may know, Time Warner Telecom's name will change to **tw telecom inc.**, at which time new Certificates of Insurance will be sent out under the new name. The name change will not impact the insurance coverages in any way. The coverages will continue in force until our May 1, 2009, insurance renewal.

If there are any questions about the name change, please contact your usual Time Warner Telecom representative or call 303-566-1000.

Sincerely,

Time Warner Telecom Inc.
Risk Management Department

MARSH**CERTIFICATE OF INSURANCE**CERTIFICATE NUMBER
SEA-000984025-04

PRODUCER

MARSH USA, INC.
1225 17TH STREET, SUITE 2100
DENVER, CO 80202-5534
Attn: Phone 303-308-4500 / Fax 303-308-4948

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

COMPANY

A ST. PAUL FIRE AND MARINE INS

COMPANY

B TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

COMPANY

C

COMPANY

D

401810--CAS-

INSURED

TIME WARNER TELECOM OF TEXAS, LLC
TIME WARNER TELECOM INC
9229 WATERFORD CENTRE BOULEVARD
BUILDING C, SUITE 100
AUSTIN, TX 78758**COVERAGES**

This certificate supersedes and replaces any previously issued certificate for the policy period noted below.

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THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY		TE08302277	05/01/08	05/01/09	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	PRODUCTS - COMP/OP AGG				\$ 2,000,000	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	PERSONAL & ADV INJURY				\$ 1,000,000	
	OWNER'S & CONTRACTOR'S PROT	EACH OCCURRENCE				\$ 1,000,000	
		FIRE DAMAGE (Any one fire)				\$ 1,000,000	
		MED EXP (Any one person)				\$ 10,000	
A	AUTOMOBILE LIABILITY		TE08302277	05/01/08	05/01/09	COMBINED SINGLE LIMIT	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO	BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> ALL OWNED AUTOS	BODILY INJURY (Per accident)				\$	
	<input type="checkbox"/> SCHEDULED AUTOS	PROPERTY DAMAGE				\$	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY					AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO	OTHER THAN AUTO ONLY:					
		EACH ACCIDENT				\$	
		AGGREGATE				\$	
A	EXCESS LIABILITY		TE08302277	05/01/08	05/01/09	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM	AGGREGATE				\$ 1,000,000	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		HC2J-UB-3758C581-08 (AOS)	05/01/08	05/01/09	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
B	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL		HRJ-UB-117D2428-08 (AZ,OR,WI)	05/01/08	05/01/09	EL EACH ACCIDENT	\$ 1,000,000
						EL DISEASE-POLICY LIMIT	\$ 1,000,000
						EL DISEASE-EACH EMPLOYEE	\$ 1,000,000
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

THE CITY OF ARLINGTON, ITS OFFICERS, EMPLOYEES, BOARD MEMBERS AND ELECTED REPRESENTATIVES ARE AN ADDITIONAL INSURED ON THE APPLICABLE LIABILITY COVERAGES (OTHER THAN WORKERS' COMPENSATION) WITH RESPECT TO THE OPERATIONS OF THE INSURED, IF REQUIRED BY WRITTEN CONTRACT WITH RESPECT TO THE INTERIM PUBLIC RIGHT-OF-WAY AGREEMENT.

CERTIFICATE HOLDERCITY OF ARLINGTON
ATTN: CITY MANAGER
100 W. ABRAM
P.O. BOX 231
ARLINGTON, TX 76004-0231**CANCELLATION**SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.AUTHORIZED REPRESENTATIVE
Marsh USA Inc.

BY: Rebecca J. Clark

Rebecca J. Clark

MM1(3/02)

VALID AS OF: 04/29/08